

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
08/701634

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
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TOTAL IND.	2		↓		↓	
TOTAL DEP.	8		↔		↔	
TOTAL CLAIMS	10					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓			↓		
TOTAL DEP.			↔			↔		
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

ORM PTO-1360 (REV. 3-78)

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